Community Incentive Grant Program Application Form

Winnipeg This application will be photocopied, please print in ink or type

1. Legal name of the organization	LORD ROBERTS COMMUNITY CENTRE INC.			
2. Permanent mailing address of the organization	Address: 725 Kylemore Ave.		City/Town: Winnipeg	Postal Code: R3L 1B8
	Organization e-mail:		Phone: 452-9744	Fax: 452-2036
3. Names of organization's representatives who will be overseeing the project	Primary Contact: BOB GINGRAS		Title: Program Planner	
	Business Phone: 475-5008	Residence Phone: 229-2191	Email: bob@gcwcc.mb.ca	
	Secondary Contact: Bob BUGGITT		Title: PRESIDENT	
	Business Phone: 793-5989	Residence Phone: 282-3312	Email: rsuggitt@shaw.cc	
4. Year the organization was formed Organizations created solely to apply for the program are not eligible				Year: 1955
5. CIGP requested amount Up to 50% of the total project cost to a maximum of $225,000				$ 21,000.00

6. List other sources of project funding Including other grants, funds on hand, and proposed fund-raising. Indicate whether or not each source of funding is confirmed. **Note:** no other City funds may be used towards the applicant's 50% share of the project cost	**Source**	**Amount**	**Confirmed**
	1.	$	☐ Yes ☐ No
	2.	$	☐ Yes ☐ No
	3.	$	☐ Yes ☐ No
	4.	$	☐ Yes ☐ No
	5.	$	☐ Yes ☐ No
	6.	$	☐ Yes ☐ No

7. Total project cost Project costs should be supported by at least two contractor quotes or estimates. Enter the costs provided by the preferred contractor	$ 21,000	
8. Has this project received prior funding through the Community Incentive Grant Program?	☐ Yes ☑ No	
9. Project name Assign your project an accurate, descriptive name to be used in all correspondence: Lord Roberts Facility Upgrade		
10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. 725 Kylemore Ave.	Property owned by: City of Winnipeg	
11. Anticipated Start & End Dates	Start Date: March 2010	End Date: March 2011

12. Detailed Project Description: Attached on separate sheets or use the space on back of this form. Provide a detailed description of the project which addresses the selection criteria. Please include a description of the project objectives and how the project will accomplish those objectives, a detailed scope of work and, if possible, preliminary project plans or drawings.

APPLICANT SIGNATURES I/We hereby certify that I/we am/are the **authorized signing officer(s)** of the applying organization and this application is accurate to the best of my/our knowledge

Signature of authorized signing officer	Title/Position	Date
Robert Suggitt	PRESIDENT	NOV 24/11
Signature of authorized signing officer	Title/Position	Date
	3rd Vice-President	Nov 25/11